

POLICY AND PROCEDURE

<u>POLICY TITLE:</u> DSAMH Trauma-Informed Care	<u>POLICY #:</u> DSAMH23
<u>PREPARED BY:</u>	<u>DATE ISSUED:</u>
<u>RELATING POLICIES:</u> DSAMH011 Trauma-Informed Care for DSAMH Providers	<u>REFERENCE:</u> Executive Order 24 : Making Delaware a Trauma-Informed State
<u>DATES REVIEWED:</u>	<u>DATES REVISED:</u>
<u>APPROVED BY:</u> Gregory Valentine, Associate Deputy Director, PCWFD Director of Behavioral Health Services 4/21/2021 8:17 AM EDT	<u>NOTES:</u> <input checked="" type="checkbox"/> DSAMH Internal Policy <input checked="" type="checkbox"/> DSAMH Operated Program <input type="checkbox"/> DSAMH State Providers <input checked="" type="checkbox"/> Delaware Psychiatric Center <input type="checkbox"/> Targeted Use Policy (Defined in scope)

- I. **PURPOSE:** The Division of Substance Abuse and Mental Health (DSAMH) is committed to implementing, maintaining, and revising services that "shall integrate trauma-informed" best practices per Executive Order 24.

- II. **POLICY STATEMENT:** DSAMH is committed to ensuring responsiveness to the impact of trauma on the lives of the people we serve and for all staff. This policy defines expectations for all DSAMH staff to provide services that promote the understanding of trauma and its impact, ensure the ongoing development of a trauma-informed system, guarantees the availability of trauma-specific services for all populations served, and confirms a commitment to our staff's health and safety. Overall, the purpose is to promote resiliency, health, and wellness for those who have experienced trauma and their families.

- III. **DEFINITIONS:**
 - A. **"Trauma"** means an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening. It may have lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. It becomes the lens through which a traumatized person views the world.

- B. **"Trauma-Informed Care (TIC)"** is often referred to as a Trauma-Informed Care Approach. It is a promising model for organizational change in health, behavioral health, and other settings, promoting staff and patients' resilience.
- C. **"Triggers"** are signs of potential danger founded in former traumas which can lead to emotional and/or behavioral responses to sights, sounds, smells, and/or touch and can result in fear, panic, or agitation.
- D. **"TIC Committee"** is a standing trauma-informed care committee of DSAMH interdisciplinary staff from all bureaus, who will oversee compliance and implementation of the executive order

IV. **SCOPE**: This policy applies to all DSAMH staff.

V. **PROCEDURES/RESPONSIBILITIES**:

- A. **TIC Committee**: The committee lead reports to DSAMH executive management.
 - i. The full committee shall meet twice a year.
 - ii. The subcommittees chairs shall meet a minimum of every quarter.
 - iii. The committee chair will report to the DHSS TIC steering committee twice a year, to update on progress made by the committee to complete the executive order on ensuring TIC.
- B. **All Staff Training**: At a minimum, DSAMH will ensure onboarding training and ongoing annual training, to promote and maintain the following principles and practices:
 - i. Knowledge of the prevalence of trauma in the histories of their service population,
 - ii. Including the impact of ACES's and toxic stress on health outcomes;
 - iii. Awareness of trauma triggers, symptoms and presentation;
 - iv. Adoption of trauma-informed culture maximizes client safety and healing;
 - v. Practices that reduce the likelihood of re-traumatization;
 - vi. Practices that prevent and address staff's secondary or vicarious trauma, awareness of compassion fatigue, burnout, and compassion satisfaction,
 - vii. Promotes strategies to enhance staff resilience and self-care for all staff, and
 - viii. Annual review of Trauma-Informed Care policy and distribution to all staff.
- C. **Direct Practitioners Clinical Practices**: Direct clinical treatment providers will be trained in the trauma-sensitive use of appropriate screening tools for trauma exposure and related symptoms, based on the population(s) that they serve.
 - i. Staff will perform a brief trauma screening and assessment, if applicable.
 - ii. Trauma-specific assessments and treatment modalities will be offered, as appropriate.
 - iii. Staff is required to document all progress notes and treatment plans to reflect the screening and assessment results and guide the plan's implementation.
 - iv. All interventions should be strengths-based and resiliency-focused, not just focused on the trauma itself.
 - v. Agency and clinical staff must have ongoing access to evidence-based practices and evidence-informed practices to provide clients with potential interventions and informed-choice treatment utilizing an empowerment model.
 - vi. Specific tools and supervisory structure will vary by setting and population served.

- vii. Where possible, tools and supports utilized will be uniform across the division.
- D. All Staff care: Staff interfacing with clients with trauma histories require appropriate supervision and support. Self-care support and supervision for clinical staff is expected to be provided in the unit's procedures or standard operating procedures (SOP) manual.
- E. DSAMH program self-assessment: As part of their quality assurance protocol, DSAMH staff providing direct clinical care must have a review of TIC practices, interventions, and adherence to ongoing national standard changes.
- F. Communication: DSAMH will use TIC-specific language in all communications to all audiences.
- G. Six Key Principles: reflects DSAMHs commitment to six key principles rather than a prescribed set of practices or procedures:
 - i. Safety,
 - ii. Trustworthiness and Transparency,
 - iii. Peer Support,
 - iv. Collaboration and Mutuality,
 - v. Empowerment, Voice, and Choice, and
 - vi. Cultural, Historical, and Gender Issues.
- VI. Policy Lifespan: The policy will be reviewed annually.
- VII. References/Resources:
 - A. Trauma-Informed Care in Behavioral Health Services: Quick Guide for Clinicians Based on TIP 57.
 - B. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach